



Department of Business and Industry

# Nevada Division of Insurance

1818 E. College Parkway, Ste 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787 Web: doi.state.nv.us

## Name Change Form

### FILING FEE OF \$10.00 required

Fees are payable to the Division of Insurance  
(Please print or type)

Division Use Only: Fees: \_\_\_\_\_ Check #: \_\_\_\_\_ Application ID#: \_\_\_\_\_ ORG ID # \_\_\_\_\_ Approved by: \_\_\_\_\_  
Date: \_\_\_\_\_ License No: \_\_\_\_\_

☐ Residents of Nevada provide a copy of a marriage certificate, divorce decree, driver's license or any other legal document granting the name change.

☐ Nonresidents provide a copy of documentation demonstrating the name change in their resident state.

**Previous name:**

① Soc. Security Number		② If applicable, NASD Individual Central Registration Depository (CRD) Number			
③ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
④ Last Name JR./SR. etc		⑤ First Name	⑥ Middle Name	⑦ Date of Birth (month) ____ (day) ____ (year) ____	
⑧ Residence/Home Address (Physical Street)		⑨ P.O. Box	⑩ City	⑪ State	⑫ Zip or Foreign Country
⑬ Home Phone Number ( ) -	⑭ Gender (Circle One) Male Female	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)			
⑯ Personal Business Name (dba) (Provide Nevada County Clerk Filing if you have a physical location in Nevada)					
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City	⑳ State	㉑ Zip or Foreign Country
㉒ Business Phone Number ( ) -	㉓ Business Fax Number ( ) -	㉔ Business E-Mail Address		㉕ Business Web Site Address	
㉖ Applicant's Mailing Address		㉗ P.O. Box	㉘ City	㉙ State	㉚ Zip or Foreign Country
㉛ If Applicable, beginning date of residency in the State of Nevada: ____ Month ____ Day ____ Year <b>Nonresidents:</b> "Home State" where you hold a Resident License					